



**(GP)**

**ZONING PERMIT - (GP)**  
 (General/Site/Property Related Improvements)

Address of Permit: _____ Property Owner Name: _____ Property Owner Phone #: _____ Contractor Name: _____ Street Address: _____ City, State, Zip: _____ Office Phone #: _____ Contact Name: _____ 24 Hr # (Mobile): _____	<p align="center"><b><u>Proposed Work Type</u></b>          (Check all that apply)</p> <input type="checkbox"/> Tree Clearing <input type="checkbox"/> Site Grading/Filling <input type="checkbox"/> Decks, Patio, Porch <input type="checkbox"/> Signage (permanent) <input type="checkbox"/> Pools (non-portable)
Estimated Start Date: _____ Total Work Days: _____ Estimated Total Cost: _____ Description of Permit Request: _____ _____ _____ _____ _____	<p align="center"><b><u>District</u></b></p> <p align="center">The undersigned hereby applies for a zoning certificate in the following district:</p> <input type="checkbox"/> A1 (1115) <input type="checkbox"/> R-3 (1121) <input type="checkbox"/> R1 (1117) <input type="checkbox"/> B-1 (1123) <input type="checkbox"/> S1 (1118) <input type="checkbox"/> M-1 (1125) <input type="checkbox"/> R-2 (1119) <input type="checkbox"/> R-4 (1127) <input type="checkbox"/> Other (describe use) _____

**Applicant Certification:**  
 The undersigned applicant hereby states that the information contained in this application is true and that the proposed land and/or building(s) shall be used for the purposes stated. The acceptance of this certificate constitutes the applicants agreement to abide by all provisions of the Village of Cardington Zoning Ordinances, as amended from time to time, and all laws of the State of Ohio governing use of lands & buildings herein described.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

<u>Additional Information Required:</u>	<u>Permits</u>	<u>Approvals</u>	<u>Miscellaneous</u>
\$ _____ FEE	<input type="checkbox"/> BLDG	<input type="checkbox"/> PC REQ'D	<input type="checkbox"/> License and Permit Bond
\$ _____ Deposit (Professional Review)	<input type="checkbox"/> USE	<input type="checkbox"/> BZA REQ'D	<input type="checkbox"/> Workers Comp. Certificate
	<input type="checkbox"/> FP		<input type="checkbox"/> Certificate of Liability Insurance (Name
	<input type="checkbox"/> ROW		
Additional Comments from Zoning Inspector: _____ _____ _____ _____			

<u>Village Approval</u>	
_____	<input type="checkbox"/> Approved
_____	<input type="checkbox"/> Approved, as noted (See Attached)
Zoning Inspector _____	<input type="checkbox"/> Denied (Applicant May Appeal to BZA)
Date _____	